

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

20 F STREET, NW

SUITE 310 C

☐ Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

11

D D D /

25

Y Y Y Y Y Y

2014

through

M M M /

12

D D D /

31

Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M M /

01

D D D /

13

Y Y Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		52404.84
(b) Cash on Hand at Beginning of Reporting Period.....	75970.37	
(c) Total Receipts (from Line 19)	9000.00	127138.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	84970.37	179542.84
7. Total Disbursements (from Line 31)	458.94	95031.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84511.43	84511.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y

11

25

2014

To:

M M /

D D /

Y Y Y Y Y

12

31

2014

I. Receipts

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6500.00

108300.00

(ii) Unitemized

2500.00

18838.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

9000.00

127138.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

9000.00

127138.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))**

9000.00

127138.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

9000.00

127138.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	458.94	5931.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	458.94	5931.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	89000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	458.94	95031.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	458.94	95031.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9000.00	127138.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	127038.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	458.94	5931.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	458.94	5931.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. RICHARD M. ALEXANDER

Mailing Address 7737 SOUTHWEST FREEWAY

City State Zip Code
 HOUSTON TX 77074

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TEXAS SURGICAL ASSOCIATES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 03 / 2014

Transaction ID : SA11AI.5675

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. SCOTT M. BRADLEY

Mailing Address 751 LAKENHEATH DRIVE

City State Zip Code
 MT. PLEASANT SC 29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MEDICAL UNIVERSITY OF S.C.

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 03 / 2014

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. WILLIAM M. DAVIS

Mailing Address 110 BOBCAT BEND

City State Zip Code
 SAN ANTONIO TX 78231

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTH TEXAS CARDIOTHORACIC

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 03 / 2014

Transaction ID : SA11AI.5681

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. CONNIE C. HUTTON

Mailing Address 500 MEDICAL CENTER BOULEVARD

City State Zip Code
 CONROE TX 77304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHERN TEXAS PHYSICIANS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 25 / 2014

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. R. KENT JEX

Mailing Address 6600 SOUTH 66TH STREET

City State Zip Code
 LINCOLN NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NEBRASKA HEART INSTITUTE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 17 / 2014

Transaction ID : SA11AI.5726

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. J. SCOTT MILLIKAN

Mailing Address 3319 ALPINE DRIVE

City State Zip Code
 BILLINGS MT 59102

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BILLINGS CLINIC

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 03 / 2014

Transaction ID : SA11AI.5689

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. CLYDE R. REDMOND

Mailing Address 14088 EAST 600 ROAD

City
INOLA

State Zip Code
OK 74036

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERCY CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.5717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR. MARK E. SAND

Mailing Address 1401 NORTH NEW YORK AVENUE

City
WINTER PARK

State Zip Code
FL 32781

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORLANDO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2014

Transaction ID : SA11AI.5732

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. DAVID WORMUTH

Mailing Address 6781 MOREHOUSE FLATS ROAD

City
AMESVILLE

State Zip Code
NY 13078

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNY THORACIC SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.5733

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. THOMAS C. WOZNAK

Mailing Address 13855 COLDWATER DRIVE

City
CARMEL

State Zip Code
IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDIANA UNIVERSITY HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SB21B.5711

Amount of Each Disbursement this Period

9.75

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City	State	Zip Code
SAN FRANCISCO	CA	94128

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2014

Transaction ID : SB21B.5692

Amount of Each Disbursement this Period

26.04

Full Name (Last, First, Middle Initial)

C. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City	State	Zip Code
KNOXVILLE	TN	37920

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2014

Transaction ID : SB21B.5693

Amount of Each Disbursement this Period

66.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.74

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. MERCHANT SERVICES

Category/
Type

242.13

State: District:

B. SUNTRUST BANK

M M / D D / Y Y Y Y
12 18 2014

Category/
Type

114.07

State: District:

C.

Category/
Type

State: District:

356.20

458.94